The Effects of Settlement Location on the Mental Health of Immigrant Women in Canada: A Literature Review

by

Jillian Johnstone, MPH candidate (c) 2020

Senior Supervisor: Dr. Scott Lear

Second Reader: Dr. Maya Gislason

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Name:	Jillian Johnstone
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Examining Committee:	Dr. Scott Lear Senior Supervisor Professor, Faculty of Health Sciences Pfizer/Heart & Stroke Foundation Chair in Cardiovascular Prevention Research Dr. Maya Gislason Second Reader Assistant Professor, Faculty of Health Sciences

Abstract

Background: With rates of immigration rising in Canada and worldwide, it is becoming increasingly important to understand the unique challenges faced by immigrant populations. A host of interpersonal, systemic and institutional barriers faced by both women and those settling in rural communities exacerbate mental health issues among immigrant populations. Canada's vast geography, climate and community characteristics vary greatly, creating unique circumstances for individuals immigrating to this country. Immigrant women face additional barriers as a result of the systemic and institutionalized discrimination faced by women globally with political and economic practices and laws at all levels, cultural norms and societal expectations exacerbate inequitable health outcomes.

Methods: This literature review's search strategy and synthesis of relevant articles followed a scoping review protocol outlined by Levac, Colquhoun & O'Brian (2010). The databases used to conduct this literature review were: CINHAL and Scopus. In total, 2836 studies were identified and screened; full-text articles were assessed for 39 studies; 19 studies that met all inclusion criteria were then selected for final review.

Results: A review of the literature revealed that settlement location indeed impacts the mental wellbeing of immigrant women. Residing in a rural community was positively correlated with the mental health of immigrant women, regardless of ethnicity, age, age of immigration or family structure. The presence or absence of six main factors resulted in adverse mental health outcomes for immigrant women in rural communities.

Discussion: Through a review of the literature, six key factors associated with living in a rural community were found to impact the mental wellbeing of immigrant women accessing to medical services, connection to culture and gender norms, employment and financial security, managing multiple roles, racism, discrimination and stigma, social support networks and social isolation. Each factor is found to have implications on the other, potentially compounding inequities faced by this population if adequate resources are not provided. In order to understand the mechanisms in which these factors affect the mental health of immigrant women and address the associated structural barriers related to rurality and gender, implications and interventions at the policy, practise and research levels must also be considered.

Conclusion: As rates of immigration rise and the demography of immigrant populations continue to change, it is becoming increasingly important to understand the unique needs of newcomers, as the health of this growing population will, in turn, influence the health of Canadian communities and the country. Moving forward, it will be necessary for public health professionals, researchers and governing bodies alike to better understand the intersection of these factors and their impact on the mental health of immigrant women in order to avoid perpetuating existing inequities.

Keywords: rural settlement, immigration, mental health, health inequity, social determinants of health, intersectionality

Tables of Contents

Introduction

With rates of immigration rising in Canada and worldwide, it is becoming increasingly important to understand the unique challenges faced by immigrant populations. Mental health issues are a common concern as a result of the stressful and often traumatic experiences associated with the immigration process[1]. A host of interpersonal, systemic and institutional barriers faced by both women and those settling in rural communities further exacerbate mental health issues among immigrant populations. By seeking to understand the inequitable mental health outcomes experienced by immigrant women settling in rural Canadian communities, this literature review will explore the intersection of immigration, rural settlement location and gender. Understanding the barriers faced by those positioned at the intersection of these factors will avoid perpetuating mental health inequities among members of this population.

Canada's vast geography, climate and community characteristics vary greatly across the country, creating unique circumstances for individuals immigrating to this nation. In order to support the diverse mental health needs of immigrant women, there needs to be an understanding of how Canada's unique social, political and geographic contexts impact immigration experience. Immigration has always been a driving force for population growth in this country; however, over the past 50 years, immigration patterns have shifted from a focus on colony development to improving standards of living. Historically immigrants were predominantly from Anglo and Western European descent, whereas immigrants are primarily from Asian countries[2]. Contemporary immigration is complex in the current context of Canada as a settler-colonial state, whereby individuals potentially restricted by imperial forces are seeking promises of opportunity in a space where Indigenous peoples face ongoing oppression as a result of colonialism[3]

As immigration continues to be a defining feature in Canada, it is of utmost importance to understand the experiences of this population and to support the health and wellbeing of those immigrating to Canada. In 2014 it was estimated that more than 260 000 individuals permanently immigrated to Canada[1]. This number increased to 271 845 in 2015 and again to 296 346 in 2016, showing the highest rates of immigration since 2010. Between 2008 and 2013, Canada's foreign-born population grew five times faster than the Canadian-born population. Current trends estimate that Canada will become home to approximately 11.1 million immigrants by the year 2031[2], making the health of this population a critical factor to the wellbeing of the nation.

Immigrant women face unique barriers to achieving mental wellbeing compared to their male counterparts as a result of the systemic and institutionalized discrimination faced by women globally. Inequitable health outcomes are then exacerbated by cultural and societal expectations [4,5]. Thus, the gendered experience of women immigrating to Canada is complex; however, the significance of the issue merits understanding from a public health perspective. According to the 2011 National Household Survey, immigrant women represent 21.2% of women in Canada, signifying the highest number of immigrant women in one hundred years[6]. If current trends continue, women and girls will represent 52.3% of individuals immigrating to Canada, in turn, constituting 27.4% of the women in this country[6].

In order to better understand the mechanisms in which area of residence impacts the mental wellbeing of immigrant women, this review will aim to provide evidence for the effects of urban versus rural location as a social determinant of mental health among immigrant women. This literature review will seek to answer the following question:

What impact does settlement location have on the mental health of immigrant women in Canada?

Analysis of this complex relationship was informed by feminist intersectionality theory. This theory highlights the importance of acknowledging that multiple forms of discrimination can be experienced by a given population and recognizes that gender exclusively can not describe the barriers faced by women[7]. This approach has been used to acknowledge the vast web of factors influencing the mental health of women across varying social, economic and geographic contexts. Intersectional feminism informs this nexus by recognizing that indicators of heterogeneity, including gender, socioeconomic status and ethnicity, produce different outcomes based on geographic location[7]. In this literature review, the use of feminist intersectionality theory provided insight into the complexity of mental health inequities among immigrant women as a result of their social, geographical and economic position.

A gender lens was used to analyze the literature, providing a greater understanding of the socioeconomic factors shaping the mental health of immigrant women[8]. Gender, as opposed to sex, refers to the socially- constructed roles and responsibilities society considers appropriate. Gender influences the lived experiences of women, men and non-binary individuals, including how they access social determinants of health, as society's patriarchal structure creates systemic barriers that affect overall health and wellbeing. The application of a gender lens in this review provided an understanding of the immigration experience that took into consideration the socio-cultural constructs that define gender and the power relations enforced by societal norms[8]. Cultural identity shapes the behavioural norms and roles associated with gender. Such constructs may impose challenges for immigrant women postimmigration if gender norms differ from their country of origin.

Immigrant women encounter different barriers to accessing social determinants of health in their destination country compared to their country of origin. Thus, understanding the needs of

this population throughout the immigration process is an integral step to ensuring health and wellbeing. A social determinants of health approach will allow for a better understanding of these complexities. The Canadian government refers to the social determinants of health as the social and economic factors that influence health and wellbeing. Such factors include income, education, employment and for many groups such as immigrant women, experiences of discrimination or racism[9]. A social determinants of health approach focuses on upstream, macro-level factors that affect the health of a population. The approach was applied to this literature review to understand the root causes of mental health inequities among immigrant women. Analyzing the literature in this manner will shed light on how one's social and economic position influences the impact of the physical environment on mental wellbeing[12].

`Immigration and Mental Health

Avoidable and unjust forms of social inequity create disparities among those who experience mental health challenges[1]. Mental health can be considered as a biopsychosocial state of being in which health and illness are determined by a combination of biological, psychological and social factors[11]. Although immigration itself is not a health risk, the process is often characterized by stressors that impact one's physical and mental wellbeing[14]. Each phase of immigration has the potential to expose individuals to new challenges or inequities. According to Levitt, Lane & Levitt (2005), both personal characteristics and structural factors play a role in an individual’s ability to adapt to life in a new country. Such factors include ethnicity, socioeconomic status, circumstances surrounding migration and social support networks. Pre-migration circumstances, such as the presence of conflict and family separation, cause tremendous disparity. Upon arrival, problems related to the legality or uncertainty of

immigration status, and policies and public attitude towards immigrants greatly influences access to health/ social services and, in turn, overall health status[12].

Difficulty adjusting to life post immigration is the result of a host of factors including coping with traumatic experiences, stress during the immigration process, cultural and language barriers, discrimination, unemployment and a lack of social support or family separation[11]. Many aspects of Canadian society further marginalize immigrants, limiting their ability to access resources necessary for their health and wellbeing, resulting in social isolation among members of this population[12]. Feelings of social isolation can lead to and exacerbate mental health issues as a result of being unable to access opportunities considered the societal norm [12,13].

Overall approximately 29% of immigrants in Canada report having emotional problems, with 16% reporting high levels of stress[2]. Although Islam, Khanlou & Tamim (2014) indicates that gross underreporting of mental health challenges among immigrant populations may affect the accuracy of such statistics. Confounding factors such as the stigma associated with mental health challenges in many cultures results in fear of discussing such issues or seeking appropriate supports[14] Language barriers may also affect the ability to adequality communicate intended meaning or to understand questions about mental health status[2]. Interestingly, more Canadian-born individuals report experiencing mental health challenges compared to immigrant populations, with long-term trends indicating more comparable rates of mental health challenges over time between the two populations[15]. The Healthy Immigrant Effect may help to explain this trend, indicating that immigrant populations have better health upon arrival compared to their Canadian-born counterparts as a result of immigration policies that ensure newcomers are in good health when entering the country[15].

The effects of immigration on mental wellbeing are particularly evident among women and other populations who are already marginalized[15]. The intersection of gender, immigration, race and ethnicity further perpetuates these inequities[16]. According to the World Health Organization (2010), gender is a significant determinant of mental health across various countries and settings, with 33% of women reporting feelings of loneliness and depression. Immigrant women are at higher risk of experiencing mental health issues due to factors such as differences in societal norms, being less likely to speak the language of their host country and being less likely to be employed outside of the home[13]. Language barriers and a lack of connection to formal and informal social supports result in women being dependent on members of their family who speak English, which in turn, limits their interactions with others. These factors result in fewer opportunities to build social capital or establish social relationships[17]. Adjusting to life in Canada is further impacted by discrimination, political factors, financial and transportation issues, as well as expectations of living in Canada that do not match the reality of their situation[17,18,19].

Despite trends moving towards greater gender equality, more women continue to immigrate as a spouse or dependent under the family sponsorship class[1,7]. In most provinces across Canada, this requires the sponsor to uphold financial responsibility for their spouse or sponsored individual for three years[20]. Such regulations negatively affect the wellbeing of women by reinforcing patriarchal norms and relationships[8]. Immigrating under family class sponsorship can create a situation of financial dependence for immigrant women[1]; however, as a sponsor, an individual may become contractually obligated to provide support for an abusive partner. Both situations ultimately perpetuate inequities and affect the mental wellbeing of this population.

In many cultures, women are at the heart of the family. Thus, it is essential to understand the roles and responsibilities placed on women within the context of their culture as their mental wellbeing affects the health of the entire household[12]. Baitubayeva (2017) found that women have a positive effect on the successful integration of their families into their new country by providing financial, physical, emotional and social support. These factors allow their families to focus on and sustain their efforts to develop social networks, cope with emotional stressors and other priorities that contribute to a favourable settlement experience.

Immigration to Rural Areas and Mental Health

Canada has a long-standing history of encouraging immigration in rural areas dating back to settler colonialism [21]. More recently, the Canadian government has been encouraging recruitment and retainment of professionals to rural and remote communities, particularly family physicians. For example, the Rural Road Map for Action, launched in 2017, is a guiding framework for a pan-Canadian approach to workforce planning for physicians in rural communities[22]. However, the rationale behind an individual's settlement location decision remains complex and can be the result of multiple factors, including decreased access to necessary services and employment opportunities and previously established formal or informal contacts in a region. As a result, such influences have led to newcomers primarily settling in urban areas[18].

A positive association between adverse health outcomes and the degree of remoteness is also multifaceted. A positive relationship between adverse health outcomes and the degree of remoteness indicates that Canadians living in rural communities are more likely to have poor health outcomes compared to their urban counterparts. These adverse outcomes are a result of social, structural and institutional attributes common in rural communities. Such characteristics

include decreased access to services, a lack of cultural diversity, social and physical isolation and more conservative political and social perspectives[17,18]. Thus, immigrant women living in these communities face more significant inequities as a result of their geographic location due to postimmigration social supports that differ based on social and physical position [17]. A better understanding of the effects of residing in a rural community on the mental health of this population can positively influence the development of upstream public health interventions.

The Northern and Rural Immigration Program

The Northern and Rural Pilot program is a federally funded settlement initiative aimed to increase the number of immigrants settling in rural Canadian communities as a means of boosting the economy in these areas[23]. The program allows for skilled foreign workers to obtain permanent residency in one of the participating communities. Candidates are accepted based on the economic needs of the community, genuine employment opportunities and intention to stay in the community. The provision of settlement services and mentoring opportunities with established members of the community will support the integration of newcomers.

With the federal government's support, this program is likely to result in a higher number of immigrant women settling in rural Canada. It will be essential to understand how the inequities faced by immigrant women residing in these communities affect their mental wellbeing. Such knowledge will allow for the provision of adequate health and social services that meet the needs of this population. If provided with the necessary resources, many characteristics of rural communities could be used as an asset to increase community involvement and social capital among immigrant women. Lower costs of living and the need for skilled workers in these areas may decrease financial concerns and create more opportunities for building social capital[18].

Methods

This literature review's search strategy and synthesis of relevant articles followed a scoping review protocol outlined by Levac, Colquhoun & O'Brian (2010), which has been used effectively in similar work conducted by Patel et al. (2019). Reporting of information followed the PRISMA protocol[25]. As there is currently a lack of literature in the Canadian context, research from both Canadian and American settings were examined to provide greater insight into this public health issue. For this study, rural areas were based on population size and proximity to metropolitan locations, excluding suburban areas Rural areas were defined as populations living outside of the commuting zones of census metropolitan areas and census subdivisions[26]. Immigrants encompass individuals who were born outside of their residing country and currently hold permanent residency status, or those with full citizenship. Migrant workers, refugees and those without permanent residency face additional barriers making an accurate comparison of their mental wellbeing as a result of the settlement process difficult; thus, for this literature review, studies including these populations were not considered.

The databases used to conduct this literature review were: CINHAL and Scopus. Abstracts were reviewed based on articles that were written in English and included self-identifying immigrant women 18 years and older. Studies had to discuss individuals who immigrated to Canada as an adult, as challenges faced by adults during the immigration process will differ significantly from those experienced by children. In order to meet inclusion criteria, studies had to be based in rural Canadian and discuss the effects of rural location on the mental health of immigrant women. Excluded studies pertained to individuals without permanent status, migrant works or refugee populations. The exclusion of studies published before 2005 ensured that data collected was representative of current settlement trends and available community

resources. Studies in urban settings were excluded unless they provided a comparison to rural communities.

The search strategy included the following terms: [“female” OR “females” OR “women”] AND ["immigrant" OR "immigrants" OR “immigration” OR "settlement"] AND ["rural areas" OR "rural communities"] AND ["mental health"]. Each phrase was independently searched and then searched again in combination using AND as the connecting word. Related studies were imported into Zotero and examined further based on the established inclusion and exclusion criteria. An iterative approach supported the inclusion or elimination of studies based on whether they addressed the purpose of the literature review or met the inclusion and exclusion criteria. Information was extracted and summarized to highlight the study’s purpose, demographics, mental health impacts, and future public health recommendations, followed by a thematic analysis of the collected information as outlined by Braun & Clarke (2012). Ethics was not required to complete this literature review, as pre-existing research will be the only data source consulted. Upon review of the included studies, only 5/19 articles were Canadian in context, with 14/19 based in the United States. Most studies were qualitative (n=9), followed by quantitative studies (n=5) and mixed-method studies (n=5).

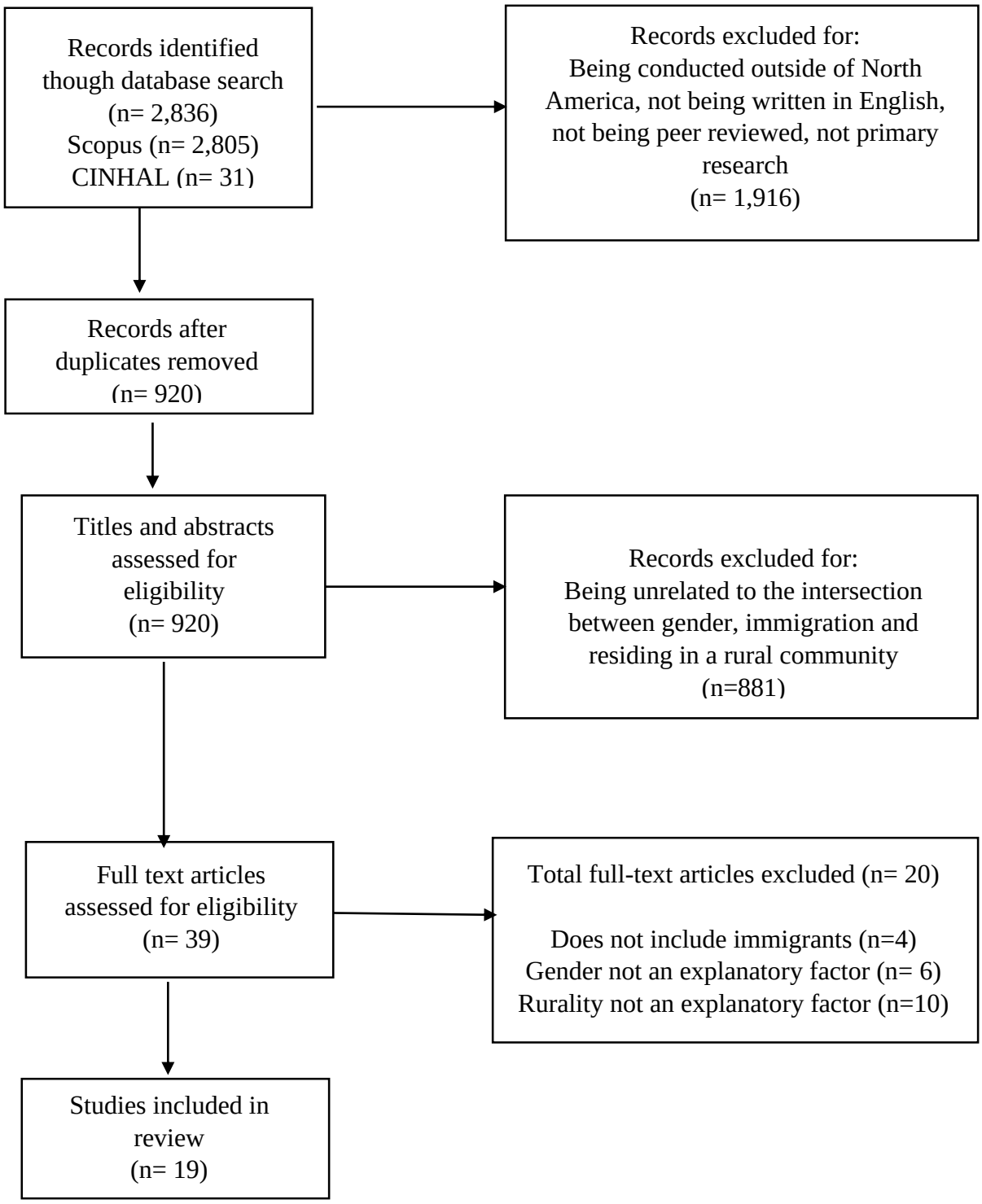

Figure 1. PRISMA chart for scoping literature review

Results

A review of the literature revealed that settlement location indeed impacts the mental wellbeing of immigrant women. Residing in a rural community was positively correlated with the mental health of immigrant women, regardless of ethnicity, age, age of immigration or family structure[26,27,28,29, 30,31]. The presence or absence of six main factors resulted in adverse mental health outcomes for immigrant women in rural communities: 1. Access to Medical Services 2. Connection to Culture and Gender Norms, 3. Employment and Financial Security, 4. Managing Multiple Roles, 5. Racism, Discrimination and Stigma, 6. Social Support Networks and Social Isolation,

Characteristics of a small-town were found to impact the sense of belonging and overall wellbeing experienced among Punjabi and Hispanic women, with variations in the literature indicating both positive and negative effects on their mental health[32]. Life in a new country was generally considered as more stressful than life preimmigration[29]. Huang et al. (2007) found that 55% of Hispanic women who immigrated to rural communities experienced symptoms of depression. In terms of postpartum depression, rural residence was found to be a mediating factor; however, among Hispanic women, there was no indication of immigrant status being associated with a higher risk of experiencing such health issues[33].

Despite various barriers to positive mental health in rural communities, residents were found to have higher rates of mental wellbeing than those residing in urban centres[30,34]. Sethi (2013) found the self-reported mental health of immigrant women in rural communities to be positive, with women stating their mental health was "good," or that they were "happy and interested in life." However, discrepancies between quantitative and qualitative findings suggest

that this may have been related to language or cultural barriers, in which the quantitative questions were not presented in a manner that ensured clarity among participants.

When compared to their Canadian-born counterparts' rates of depressive symptoms were found to be lower among foreign-born individuals[28,30], or there was no difference noted[27]; however, this varies significantly between ethnic group[28]. This variation was indicative of how mental health challenges are depicted in different cultures. Results show that women from Hispanic backgrounds experience higher rates of depressive symptoms as a result of the stigma associated with mental health[27]. Although this was suggested by women from East Asian and South East Asia backgrounds, the studies data limitations could not confirm this explanation. Immigration within the past five years was associated with higher rates of depressive symptoms, with the health of immigrant women declining over time in their new country due to related stressors[35, 34]. A similar trend was noted by Pahwa et al. (2012), who found that mental distress was initially lower upon arrival, increasing after two years and then decreasing again after twenty years in their new country[30].

Access to Mental Health Care Services

A lack of accessible and culturally appropriate mental health services also contributed to decreased mental wellbeing among this population[35,41,42,43,45]. Fear of travelling with children, low socioeconomic status and cultural barriers impacted their ability to access necessary appointments[35]. Other access issues were related to limited service hours, language barriers and transportation issues. Even when translators were available, a lack of trust continued to affect the ability of Sudanese, Philippino, Chinese, Columbian, Indian, Tajik, Mauritanian, Pakistani and Eritrean women to communicate their needs and concerns[43].

The stigma associated with mental health among immigrant women posed a challenge to accessing services[28, 35], with foreign-born women being less likely to believe that formal mental health support was needed[28]. Cultural differences in the interpretation and terms associated with mental health caused differences in the understanding of health, illness and the associated symptoms between immigrant women and service providers[35]. Due to the limited availability of services in rural areas, immigrant women needed to travel to larger communities to access affordable, culturally appropriate services. However, a lack of public transportation, limited access to a vehicle, or not having a driver's licence impeded their ability to do so[35.43].

Barriers to accessing health services were particularly challenging for women who were pregnant, as many women expressed that they would typically receive support from extended family[43]. This lack of social support resulted in many women missing or delaying critical medical appointments. Pregnant women were also choosing to work later into their pregnancy as they feared being unable to reach the hospital if at home. Thus, transportation issues, as well as physical and social isolation, created barriers to accessing necessary medical services, affecting both the physical and mental health of this population[43].

Connection to Culture and Gender Norms

Immigrant women reported a sense of isolation due to a disconnect between their cultural roots and the rural communities in which they were residing[32,35]. Punjabi women found that living in smaller, more remote communities led to a lack of culturally diverse healthcare services[32], identifying a need for providers who spoke their language, which could also provide home care services[35]. A lack of cultural representation within community services and resources resulted in feelings of discomfort and intimidation. Women felt pressure to assimilate to the

culture of their new home, requiring support to find a balance between their cultural roots and new country.

Gendered roles were also influenced by shifting cultural norms. Some young Punjabi women felt burdened by restrictions leading to fewer social opportunities and decreased sense of belonging, where others experienced more acceptance of behavioural and cultural changes among their elders[32]. Providing space for individuals to renew, express and engage in their culture was found to be significant[32]. Gendered immigration policies further perpetuated rigid patriarchal norms, with many women immigrating under a classification that left them financially dependent on their spouse or sponsor[35].

Employment and Financial Stability

Financial wellbeing and employment were associated with life satisfaction and positive mental health[30,32,39,41,42,45,46,47]. Low-income was associated with higher rates of mental distress with a lack of financial stability leading to feelings of being unable to change one's living situation among Hispanic, Sudanese, Philippino, Chinese, Columbian, Indian, Tajik, Mauritanian, Pakistani and Eritrean women[42,30]. High rates of underemployment were found to affect both male and immigrant women; however, women were more significantly affected due to rigid cultural roles and other systemic barriers[35]. When compared to their male counterparts, ' Hispanic women were more likely to be unemployed or if employed, women were working fewer hours per week at a lower pay rate[45].

Caxaj & Gill, 2017 found that working in the agricultural industry had a positive effect on the mental health of Punjabi women in rural communities and that working closely with the land could be more critical to their mental wellbeing then interacting with the broader community. Thus, working in a position in the agricultural industry can create a sense of

belonging among immigrant women residing in these areas despite their relationship to other community members. However, the authors did note that the demands of the agriculture industry created barriers for women who needed to access mental health services[32].

Managing Multiple Roles

Immigration to a new country was associated with changes in family dynamics and conflicting responsibilities for immigrant women [35,42,29,38]. For Hispanic women, disruption of typical family life, such as living with extended family, was found to be a source of stress, along with balancing the associated responsibilities with employment outside of the home [29]. Many prioritized caring for their family over work-related responsibilities; thus, the inflexibility of employers led to increased stress [29,42]. Easter (2007) found that Hispanic women were more likely to be employed outside the home postimmigration; however, they were still seen as the primary caretakers in the home, expressing feels of stress due to a lack of support from their partner with household tasks[29]. Although many women were employed before moving to the United States, they reported greater stress postimmigration due to increased workload [18]. This perceived increase in work was contradictory to women's perception of life in the United States prior to immigration. Having perceptions that did not align with the reality of their situation lead to poor mental health outcomes, as many women associated the lifestyle in their destination country with lower levels of stress compared to life in their country of origin. Those who experienced the same level of stress related to managing multiple roles before and after migration noted that although stress levels remained similar, the root causes differed. Preimmigration stress pertained to a lack of work and the inability to provide for their loved ones. In contrast, postimmigration stress was related to increased hours spent working outside of the home and away from their families.

Racism, Discrimination and Stigma

Experiences of racism and discrimination were a common theme negatively impacting the mental health of immigrant women[27,28,29,32,35,41,42,44]. Varying forms of racism and discrimination were found in both casual interactions within the community and formal support services. Poor housing conditions were one form of structural discrimination noted[27,42]. Feelings of discrimination and cultural insensitivity led Punjabi and Hispanic women to be fearful of accessing health and social services and was negatively associated with financial wellbeing[32,44]. Easter et al. (2007) found racism against Hispanic women who worked in blue-collar positions led to interpersonal stress in the workplace, with women in these positions being treated differently and working in more challenging and undesirable positions.

Social Support Networks and Social Isolation

Factors related to social support networks and social isolation appeared most commonly in the literature with social and structural barriers, having impacted immigrant women's ability to access necessary supports[27,35,36,37,38,39,40,41]. Feeling isolated due to a lack of culturally appropriate and affordable childcare, unemployment, marital abuse and inadequate transportation were commonly reported as factors that negatively impact access to social support networks[35]. Service providers expressed concerns about domestic violence affecting the wellbeing of the women with whom they worked [35].

Compared to their male counterparts', women were found to score higher across multiple mental health issues related to social isolation[42,44]. Hispanic women were more likely to experience social isolation and associated depressive symptoms, with 30% of women scoring higher than the United Stated average[42]. Higher levels of depressive symptoms were related to perceived isolation, social marginalization and family separation, [43].

Access to social support networks, both formal and informal, impacted the mental wellbeing of immigrant women in rural communities, with the most impactful factor being family connection[27,35, 37, 40, 37]. The lack of familial support in their new community of residence led to feelings of social isolation among Hispanic women with geographic isolation and language barriers further perpetuated these inequities[27,37]. For Sudanese, Philippino, Chinese, Columbian, Indian, Tajik, Mauritanian, Pakistani and Eritrean women, social support networks were particularly crucial to their mental wellbeing[43].

A sense of closeness, trust and positive family relationships influenced the mental wellbeing of immigrant women[32,42,44]. Women who expressed feelings of trust and closeness within the wider community felt a greater sense of cultural acceptance. For Punjabi women, this was a result of involvement in informal support networks that were more readily available and valued[32]. Experiencing positive family relations without conflict was essential to Hispanic women who reported prioritizing family activities as a means of promoting health and wellbeing[44,42].

Discussion

Through a review of the literature, six key factors associated with living in a rural community were found to impact the mental wellbeing of immigrant women These factors were: access to medical services, connection to culture and gender norms, employment and financial security, managing multiple roles, racism, discrimination and stigma, social support networks and social isolation. Each factor is found to have implications on the other, potentially compounding inequities faced by this population if adequate resources are not provided. The presence or absence of each factor, in turn, affects how immigrant women interact with the broader community. Public health implications should be considered at the policy, practise and

research levels to understand the mechanisms in which structural and institutional barriers associated with rurality and gender affect the mental health of immigrant women.

Public Health Policy

There needs to be a theoretical shift in public health policy moving forward to incorporate the experiences of immigrant women, in order to provide services and resources that meet the needs of this culturally diverse population. Based on the findings of this literature review policies that focus on cultural sensitivity among employers and service providers is one way to initiate effective change. A lack of cultural diversity in rural communities' limits access to culturally sensitive supports and resources, which can lead to higher levels of stress and poor mental health outcomes. Greater cultural representation in both public spaces and health and social service facilities could positively affect mental health. Cultural safety training for service providers can further support a better understanding of different cultural norms and practices in these communities[56]. Results also indicated that policies should focus on the allocation of federally funded services such as community health centres or mobile health clinics in order to address the physical barriers immigrant women face when accessing such services.

Policies should support the mental wellbeing of immigrant women who often face discrimination as a result of policy structures, impeding their ability to access employment opportunities and community resources considered essential to one's health and wellbeing. With that said, experiences of racism, discrimination and stigma were not only found at the structural and institutional levels but also throughout day-to-day encounters within the community. Perceptions of racial intolerance and ethnic diversity in rural communities contributed to feelings of discrimination among women settling in these areas and, over time, affect their mental wellbeing and ability to adapt to life in a new country.

In some cases, immigration policies such as the family class sponsorship policy perpetuate gender inequities among women immigrating under this class, creating implications for public health policy. Immigration policies influence the level of access individuals have to services and resources postimmigration and create barriers that affect social determinants of health. Such limitations include access to income assistance or employment opportunities. Service providers must understand the implications of such policies and advocate for change as the constraints imposed affect other social determinants of health, including employment and income. Public health policy can thus be used to inform ineffective immigration practises that lead to social isolation and poor mental health outcomes for immigrant women[53].

For example, the immigration medical exam (IME) is currently a requirement for all individuals immigrating to Canada to ensure the health of Canadians is protected and that their admission into the country does not create a strain on the existing health and social service systems[35]. This policy is reflective of a model that no longer meets the needs of immigration trends in Canada Factors such as climate change and increased rates of conflict globally are altering the patterns and demography of immigration. Thus, the inflexibility of this model does not meet the changing needs of immigrants in the present world context and Canada's role as a first-world country.

With that said, if such a policy were to take on a health promotion lens, it could be used to improve the health of those immigrating to Canada, particularly for more vulnerable populations such as women experiencing post-migration trauma[57]. For Canada to continue reaping the economic benefits of immigration, policies must support the long-term health and wellbeing of immigrant populations. If immigration policies are unable to support the ongoing health, the countries economy will, in turn, be impacted. Thus, the development of policy

structures that meet the needs of contemporary immigration patterns will ensure sustainable population growth in a manner that supports both the Canadian economy and the health of immigrant women[39].

Public Health Practise

Structural barriers related to the provision of health and social services in rural communities' influence factors that either enhance or hinder the mental health of immigrant women. Physical distance from urban centers isolates individuals from larger, more comprehensive service facilities. The most significant barrier to accessing services in rural areas are related to the availability of healthcare professionals. Healthcare staff shortages and high turnover rates are common in rural communities that struggle to retain qualified professionals. Such barriers are the result of burnout and stress from increased workload and responsibility in rural healthcare systems[58]. Stigma associated with mental health may further prevent immigrant women from seeking support due to the taboo nature of the subject in many cultures. A lack of culturally appropriate or flexible service provision in rural communities, thus deters immigrant women from pursuing necessary support services.

The support of health and social service providers is a crucial piece in the provision and development of interventions aimed at improving the mental wellbeing of women immigrating to Canada. Using a Feminist lens that applies a social determinants of health approach to educate health and social service providers can create understanding around the complex needs of this population. Training opportunities that improve the understanding of cultural differences in perceptions of mental health and help-seeking behaviours among service providers will ensure that immigrant women are adequately supported and may lead to increased service utilization. This awareness will allow for the implementation of health promotion strategies that can

effectively address barriers to mental wellbeing faced by this population. Such health promotion strategies may include the provision of spaces to establish social networks and representation of cultural diversity within service centers[59].

Having social support networks, particularly those including family or other women, lead to greater mental wellbeing that stemmed from the development of trusting relationships. Women place significant value on family unity, as immigrant women strongly associated time with family and healthy family relationships with mental wellbeing. Consequently, separation from family was associated with higher rates of depression and stress. A loss of social support networks may not only lead to feelings of social isolation but affect a woman's ability to access health services due to a lack of support with childcare or transportation to appointments.

Acknowledging that members of this population are experts of their lived experiences will provide greater insight into the needs of immigrant women. Indicative of the importance of working closely with community leaders are also members of this population. Using a Community Health Worker (CHW) model may be one way to support the development of formal social networks and to advocate for awareness within the health and social service systems regarding the needs of immigrant women[60]. CHWs are trained individuals who act as a bridge between vulnerable populations and formal services. This model fosters mental wellbeing by providing a safe space for individuals to share and receive information and by supporting immigrant women's ability to address other determinants of health, creating a sense of inclusion in their new community. The CHW model connects immigrants with a trained individual of the same ethnic background, and when appropriate of the same gender identity. A CHW is an immigrant themselves and can provide valuable support as a result of their own experience. This model can improve health outcomes and effectively support the implementation of related

interventions[60]. Translating this level of advocacy and understanding into work environments and all public spaces can positively impact social inclusion and mental wellbeing among immigrant women[29].

Public Health Research

This literature review has revealed the complexity of addressing mental health challenges among immigrant women settling in rural communities across Canada. As discovered through the application of feminist intersectionality theory, each determinant of mental health has implications on the other, causing adverse mental health outcomes when barriers result in the presence or absence of these factors. Future public health research should take a community-based participatory approach seeking to understand the intersection of gender, immigration and rural settlement.

Gender norms impact the various roles that immigrant women must manage postimmigration. Many women noted that they enjoy caring for their families, and prioritize family relationships; however, the increased workload associated with employment outside of the home conflict with their perceptions of life in Canada. Many women were underemployed and seeking "survival" positions that did not match their skills and education level[47]. Often these positions are for minimum wage, leaving women and their families in a state of financial instability, creating feelings of stress and depression[46].

Gender roles may contribute to social isolation as a result of new societal norms that challenge the perceptions of women[18,19]. Cultural background and values have a significant influence on how immigrant women perceive their mental wellbeing particularly in terms of differing gender norms[27]. Some women indicated that they experienced less pressure with gender roles in their new country as they felt their new communities were more accepting of behaviours

that may not have been deemed appropriate in their home country. Others felt burdened by restrictions placed on them, resulting in fewer opportunities to establish connections in rural communities. Such feelings may have resulted from a new awareness of gender norms that differ from that of their own culture. The use of community-based participatory research will provide a more accurate understanding of the mechanisms in which rural location and gender influence determinants of mental health among immigrant women. Such knowledge can inform future public health policy and practise by providing insight into existing health disparities among both immigrant women and rural populations so that we may avoid doubling the health inequities among these groups[18].

Limitations

Although this literature review adds valuable information to a limited but vital area, knowledge, limitations may affect the generalizability of this data. As a result of limited studies in the Canadian context, the scope of the review expanded to include the United States. Although numerous similarities allow for comparison between immigration to rural communities in both countries, there are also significant differences between immigration policies and perceptions that may impact the results of this literature review. A vast majority (n=11) of the studies focused on immigrant women from Latin America, thus affecting the generalizability of the findings to other ethnicities. Some studies indicated that there was an inability to discern between documented and undocumented immigrants due to women being fearful of deportation, thus potentially affecting results. Particularly results concerning access to health and social services and findings regarding the effects of being socially isolated in rural communities.

Critical Reflection

The development of this capstone has challenged me to reflect on my positionality and the way I contextualize issues of inequity among marginalized populations. As a Canadian-born, self-identifying woman, I feel that it is essential to work as an ally with immigrant women and other marginalized populations. My social location and positionality produce an incomplete perspective because, as a Canadian-born individual, I do not have the same lived experience as immigrant women. My positionality thus impacts my analysis of this work, positioning me best as an ally to this population. I will carry this understanding with me into my future pubic health work in this field, using my privilege and understanding of Canadian culture and the English language to address the inequitable provision of social determinants of health among immigrant women. I hope to use my lived experience and knowledge of the Canadian health and social service systems to support marginalized populations across Canada and to work in a space that addresses the current disconnect between immigration, health and social service provision.

As a Master of Public Health student, my capstone has provided me with a greater understanding of the mental health inequities faced by immigrant women in rural communities. This understanding has allowed me to integrate knowledge obtained from social inequity courses into a pressing public health concern, and I hope to carry this learning forward into my further public health career. As a future public health professional, this review brought to my attention the importance of advocacy when working to support marginalized populations. In the field of immigrant health, it is of utmost importance for me to work as an advocate, ensuring those in decision-making positions are aware and appropriately addressing issues of inequity faced by immigrant populations. Moving forward, I take with me the importance of understanding and acknowledging the intersection of factors contributing to inequitable health outcomes. It is at this

intersection that the most significant level of complexities arises. By targeting this intersection of factors, public health interventions can be better targeted to address the root causes of inequities affecting immigrant women and other marginalized populations.

Conclusion

In line with other social determinants of health research, this literature review indicates that settlement location undeniably affects the mental health of immigrant women residing in rural Canadian communities. The use of intersectionality theory revealed the complex relationship between gender, rural settlement location and mental health. The presence or absence of six main determinants of mental health has the potential to exacerbate inequities among immigrant women. As rates of immigration rise and the demography of immigrant populations continue to change, it is becoming increasingly important to understand the unique needs of newcomers, as the health of this growing population will, in turn, influence the health of Canadian communities and the country. Moving forward, it will be necessary for public health professionals, researchers and governing bodies alike to better understand the intersection of these factors and their impact on the mental health of immigrant women in order to avoid perpetuating existing inequities.

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Appendix

Table 1. Included qualitative studies

Title	Author	Year	Location	Ethnic Group	Study Design and Purpose	Themes
Belonging and mental wellbeing among a rural indian-canadian diaspora: Navigating tensions in "finding a space of our own".	Caxaj, C. S., & Gill, N. K.	2017	Interior of British Columbia, Canada	Punjabi	Blended Narrative and Situational Analysis: To understand the experiences of belonging in this community (or lack of) and the role informal and social support systems play in shaping a sense of belonging and mental health	Social Support Networks and Social Isolation Connection to Culture Access to Health Services Racism, Discrimination and Stigma
Procuring Health: Experiences of Mexican Immigrant Women in Rural Midwestern Communities.	Greder, K., & Reina, A. S.	2019	Midwest state, United States	Hispanic	Descriptive: To explore meanings associated with being healthy, strategies employed to promote health, and challenges and supports to health experienced by first-generation Mexican immigrant women residing in rural Midwestern communities.	Connection to Culture Employment and Financial Stability Social Support Networks and Social Isolation Managing Multiple Roles and Gender Norms Racism, Discrimination and Stigma
Latina immigrants in rural western Pennsylvania and use of mental health resources when coping with depression: implications for practice.	Heckert, C.	2012	Pennsylvania, United States	Hispanic	Grounded Theory: To examine access to and use of both formal and informal mental health services by Latina immigrants.	Access to Health Services

Risk and resilience in rural communities: The experiences of immigrant latina mothers.	Raffaelli, M., Tran, S. P., Wiley, A. R., Galarza-Heras, M., & Lazarevic, V.	2012	Illinois, United States	Hispanic	Descriptive: To investigate whether assets affect risk exposure, through the examination of whether human, social, and economic capital functioned as promotive factors.	Racism, Discrimination and Stigma Social Support Networks and Social Isolation Employment and Financial Stability
"Una mujer trabaja doble aquí": Vignette-based focus groups on stress and work for latina blue-collar women in eastern north carolina.	Easter, M. M., Linnan, L. A., Bentley, M. E., Devellis, B. M., Meier, A., Frasier, P. Y.,Campbell, M. K.	2007	Eastern North Carolina, United States	Hispanic	Focus Group: Explores the ways in which culture may influence perceptions of stress among employed women immigrants to the United States to help develop interventions to address their identified needs.	Managing Multiple Roles and Gender Norms Social Support Networks and Social Isolation
Gender differences in anxiety and depression among immigrant Latinos. Families, Systems & Health.	Hiott A, Grzywacz JG, Arcury TA, & Quandt SA.	2006	North Carolina, United States	Hispanic	Cross-sectional Interviewer-Administered Survey: To determine elements of a social history that could assist primary care providers in identifying and treating anxiety and depression among immigrant Mexicans.	Social Support Networks and Social Isolation Managing Multiple Roles and Gender Norms
An ethnographic investigation of the maternity healthcare experience of immigrants in rural and urban Alberta, Canada	Higginbottom, G.M., Safipour, J., Yohani, S., O'Brian, B., Mumtaz, Z., Paton, P. & Barolia, R.	2016	Alberta, Canada	Sudanese, Philippino, Chinese, Columbian, Indian, Tajik, Mauritanian, Pakistani and Eritrean	Interview and Focus Groups: Conducted to (1) generate new understandings of processes that perpetuate disadvantages to immigrant women who seek maternity services, (2) provide generic theoretical and practical suggestions of how health systems can promote better outcomes for immigrants.	Social Support Networks and Social Isolation

Mental Health Needs and Service Utilization by Hispanic Immigrants Residing in Mid-Southern United States	Bridges, A.J., Andrews, A.R. & Deen, T. L.	2012	Northwest Arkansas, United States	Hispanic	Interviews: This study assessed mental health needs and service utilization patterns in a convenience sample of Hispanic immigrants.	Employment and Financial Stability Access to Health Services Managing Multiple Roles and Gender Norms
Health, Well-being, and Health Care Access in Rural Communities: Comparing Latino and Non-Latino White Low Income Families	Cancel-Tirado, D., Feeney, S., Isaac, W., Greder, K. & Yoshie, S.	2018	United States	Hispanic	Cross-Sectional Interviews: To explore how low-income rural Latino children ns their mothers differ from their non-Latino white counterparts in terms of health, wellbeing and healthcare access	Access to Health Services

Table 2. Included mixed-method studies

Title	Author	Year	Location	Ethnic Group	Study Design and Purpose	Themes
Investigating Psychosocial Well-being Among Ethnically Diverse Rural Women: Expect the Unexpected	Dalla, R. L. & Huddleston-Cass, C.	2008	Nebraska, United States	Hispanic	Survey and Focus Groups: To explore the psychosocial wellbeing among rural based, ethically and culturally diverse women	Social Support Networks and Social Isolation Managing Multiple Roles and Gender Norms
An individual-based rurality measure and its health application: A case study of latino immigrants in north Florida, USA.	Mao, L., Stacciarini, J. R., Smith, R., & Wiens, B.	2015	North Florida, United States	Hispanic	Case Study: To describe the development of a new individual-based rurality index, and illustrate its application by studying the social isolation and well-being of rural Latino immigrants	Racism, Discrimination and Stigma Social Support Networks and Social Isolation

					in North Florida, USA	
Newcomers Health in Brantford and the Counties of Brant, Haldimand and Norfolk: Perspectives of Newcomers and Service Providers.	Sethi, B.	2013	Brantford and Brant–Haldiman d–Norfolk counties, Canada	45 different ethnic groups included	Survey and Interviews: To understand the challenges facing newcomers in Brantford and Brant–Haldimand–Norfolk counties.	Employment and Financial Stability Racism, Discrimination and Stigma Connection to Culture Social Support Networks and Social Isolation Access to Health Services Managing Multiple Roles and Gender Norms
Rural latinos' mental wellbeing: A mixed-methods pilot study of family, environment and social isolation factors.	Stacciarini , J. R., Smith, R., Garvan, C. W., Wiens, B., & Cottler, L. B	2015	North Florida, United States	Hispanic	Interview and Survey: To describe family and social environment aspects in terms of protective factors and modifiable risks associated with mental well-being in Latino immigrants living in rural areas of north Florida.	Racism, Discrimination and Stigma Managing Multiple Roles and Gender Norms Social Support Networks and Social Isolation
Community Mental Health Service for Latinos and Latinas in the Rural U.S.	Cristancho , S., Peters, K.E. & Garces, D. M.	2016	Midwest, United States	Hispanic	Survey and Focus Groups: To identify the major mental health issues of Latinos and Latinas in rural areas of the United States and proposed community-based initiatives to address them	Access to Health Services Social Support Networks and Social Isolation Employment and Financial Stability Racism, Discrimination and Stigma

Table 3. Included quantitative studies

Title	Author	Year	Location	Ethnic Group	Study Design and Purpose	Themes
Epidemiology of Postpartum Depressive Symptoms among Canadian Women: Regional and National Results from a Cross-Sectional Survey.	Dennis, C., Heaman, M. & Vigod, S.	2012	Canada	Not Specified	Cross-sectional Survey: To describe the Canadian prevalence rate of postpartum depressive symptoms in mothers, to examine regional differences in prevalence and to identify predictors of significant postpartum depressive symptoms	Employment and Financial Stability Social Support Networks and Social Isolation
Postpartum depression among african-american and latina mothers living in small cities, towns, and rural communities.	Ceballos, M., Wallace, G., & Goodwin, G.	2017	Pennsylvania, United States	African American and Latina	Survey: To improve the understanding of mechanisms that cause maternal health disparities among African American and Latina mothers who live in small towns and rural areas	Connection to Culture Employment and Financial Stability Racism, Discrimination and Stigma
Depressive symptomatology and mental health help-seeking patterns of US- and foreign-born mothers.	Huang, Z. J., Wong, F. Y., Ronzio, C. R., & Yu, S. M	2007	United States	Non-Hispanic White, Non-Hispanic Black, Non-Hispanic Asian and Indigenous	Longitudinal Survey: This report presents the national estimates of maternal depressive symptomatology prevalence and its socio-demographic correlates among major racial/ethnic-nativity groups in the United States and examines the relationship of mental health-seeking patterns by race/ethnicity and nativity	Access to Health Services

Longitudinal trends in mental health among ethnic groups in Canada,	Pahwa, P., Karunanayake, C. P., McCrosky, J., & Thorpe, L.	2012	Canada	British, Eastern European, Western European, Chinese, South Asian, Black	Longitudinal Survey: The objectives of this report were to investigate (1) how longitudinal trends in mental distress vary between ethnic groups in Canada; (2) whether these trends vary between immigrant and Canadian-born members of different ethnic groups; and (3) how other variables influence the relationship between mental health and ethnicity	Employment and Financial Stability
Housing and Neighborhood Characteristics and Latino Farmworker Family Well-being	Arcury, T.A., Trejo, G., Suerken, C.K., Grzywacz, J.G., Ip, E.H. & Quandt, S. A.	2014	North Carolina, United States	Hispanic	Longitudinal Survey: To describe characteristics of the housing and neighbourhood in which farmworker families live and to understand the associations of housing and local neighborhood with indicators of family well-being	Employment and Financial Stability Social Support Networks and Social Isolation